



PATENT

#9/A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Edward L. Sinofsky et al.  
Application No. : 09/382,615  
Filing Date : August 25, 1999  
Entitled : MANEUVERABLE OPTICAL FIBER  
DEVICE FOR CARDIAC PHOTOABLATION  
Atty. Docket No. : 101327-126

Group Art Unit: 3739

Examiner: D. Shay

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By:

Lisa J. Michaud

Reg. No: 44,238

Assistant Commissioner for Patents  
Washington, DC 20231

AMENDMENT AND RESPONSE

Dear Sir:

In response to the Office Action dated July 13, 2001, please amend the above-referenced patent application as follows:

In the claims

Please amend claims 1, 2, 5, 9, 16-18, and 21-24 as follows:



3739

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/382,615-5467	
	<b>Filing Date</b>	August 25, 1999	
	<b>First Named Inventor</b>	Edward L. Sinofsky, Ph.D.	
	<b>Group Art Unit</b>	3739	
	<b>Examiner Name</b>	D. Shay	
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b>	101327-0126

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) 1. Return Postcard.
<b>Remarks</b>		

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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

<b>Firm or Individual Name</b>	NUTTER, MCCLENNEN & FISH, LLP Lisa J. Michaud
<b>Signature</b>	
<b>Date</b>	October 15, 2001